PTO/SB/06 (08-03)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB control on the control of the control of

Under the Paperwork PATE	Reduction Act of NT APPLIC		I PEE DEII	ELMIIMW I I	U.S. Patent ar nd to's collection o ON-RECORI	id Trademark ( finformation u	mess u dist	DEPARTMENT lays a valid OM atjon or Docket	OF COMMERC  B control number	É r.
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								1665,	4	
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMAL	SMALL ENTITY		OTHER THAN SMALL ENTITY		1101
FOR .NUMBER FILED			NUMBER EXTRA		RATE	FEE		RATE	FEE	
(37 CFR 1.16(a)) TOTAL CLAIMS				1	1	,150	OR		,300	1 / 00
(37 CFR 1.16(c))		minus 20 = •			x:25		OR	x:50.		
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus · 3			x:100.	A Comment	OR	x , 200 =	<del> </del> -	•
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+:180	<del></del>	7		<del> </del>	-
If the difference in colu	TOTAL	<del></del>	OR	+:360-						
	IMS AS AME			•.	· IOIAL	<u> </u>	OR	TOTAL	<u> </u>	-
. 054		- טשטאו	- PARTII					•		Caralyas A
	(Column 1)		(Column 2)	(Column 3)	SMALE	ENTITY	OR		Ř THÁN ENTITY .	(Co):
2/11/10	REMAINING AFTER	· .	HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE		•	RATE	ADDI-	1 12.
Total	MENDMENT		PAID FOR		<b> </b>	TIONAL FEE		1	TIONAL FEE	1000
Total (17 CFR 1.16(c))  Total (17 CFR 1.16(c))  Independent (17 CFR 1.16(b))	17	Minus	30		х <u>; ДС</u> =		OR	x : 50 =	The second of	i
1) (37 CFR 1.16(b))	2	Minus	<u> </u>	=	x : 100 =		OR	x s 200 =		
FIRST PRESENTATION	+180.		OR	+:360=	7	===.				
					TOTAL ADD'L FEE	1	OR	TOTAL ADD'L FEE		
F.NE (	Column 1)		(Column 2)	(Column 3)	* 1.	<u> </u>		ADD ET EE	L	
O A A	CLAIMS		HIGHEST NUMBER	PRESENT	RATE	. ADDI-		2.75	A 1	1 // //
5/6/05	AFTER	·   f	PREVIOUSLY PAID FOR	EXTRA	100.10	TICNAL		RATE	(_ADDI- TICNAL	·
S   6   0   Ail	6	vinus .	20	=	x , 25 =	Λ	00	x . 50	FEE	<del></del> ; · -
Independent (37 CFR 1.16(b))	7	Ainus *	3	=	× 5/00 .		OR	x,200=	-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							OR			
TOTAL TOTAL									<del></del>	
	Sat 40	• • •	,		ADD'L FEE		OR	ADD'L FEE	1	
	CLAIMS ·		(Column 2)	(Column 3)			: r			-
:1	EMAINING AFTER IENDMENT		NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
Total **	. M	inus	<del></del> +	<u> </u>	x.25.	FEE		x , 50 =	FEE	tren .
independent (37 CFR 1.16(b))	M	inus ***	1	=	x 100 .		OR	x \$200=	2 10-55-0	nin i
										Santana a la companya de la companya
	TOTAL .	<del></del>  ,	OR L	+ : 360 =		and a service and				
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										• y in column t is *
If the Highest Numb	er Previously Pai er Previously Pair	d For IN I 1 For IN T	THIS SPACE is I	ess than 20, er	nter "20".	•			if the fing fight sat ii	üest Number Pi.
The "Highest Number	Previously Paid	For (Tota	l of Independent	) is the highest	number found in t	he appropriate	box in con	.mo 1	. The Hill is	Bai Munimer Pres

The 'Highest Number Previously Paid For (Total of Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR.1.16. The information is required to obtain or retain a benefit by the public which is to file rand b

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/06 (12-04) Approved for use through 7/31/2005. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ion Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PYO-575 APPLICATION AS FILED - PART I OTHER THAN (Column 1) . (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) BASIC FEE . (37 CFR 1.16(a), (b), ∝ (c)) RATE (\$) SEARCH FEE (37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS (37 CFR 1.16(i)) 6 minus 20 = INDEPENDENT CLAIMS (37 CFR 1.16(h)) minus 3 = If the specification and drawings exceed 100 APPLICATION SIZE -sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 CFR 1,16(s)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 4.16(J)) If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART 11 OTHER THAN SMALL ENTITY OR. (Column 1) (Cölumn 2) (Column 3) SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE (\$) ADOI-TIONAL RATE (S) ADDI-AFTER **EXTRA** PREVIOUSLY TIONAL MENDMENT PAID FOR FEE (S) FEE (S) 20 1 15/51 FIRST PRESENTATION OF MOLTIPLE DEPENDENT CLAM (37 CFR : 100) ADD/L FEE (Califora 1) (Column 2): - (Column:3) CLAIMS HIGHEST PPESENT REMAINING NUMBER FATE 'S AFTER PREVIOUSLY PAID FOR Š EZ Application Size Fee (37 CFR 1.16(s))

> If the entry in column 1 is less than the entry in column 2, write 10° in column 3. "If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20"

FIRST PRESENTATION OF MULTIPLE DEFENDENT CLAIM (197 197 1971).

"If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of miorination is required by 37 CFR 1.10. The miorination is required to obtain or retain a deficit by the popule which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450;

180

ADO'L FEE

OR:

ADD'L FEE

TOTAL

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a displaye a year CMB control number. U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Application or Docker Humber Effective December 8, 2004 APPLICATION AS FILED - PART I 663 (Column 1) (Column 2) SMALL ENTITY OTHER THAN FOR OR NUMBER FILED SMALL ENTITY BASIC FEE (37 CFR 1 16(1) (b) a (c)) HUMBER EXTRA RATE (\$) NA FEE (1) SEARCHFEE N/A RATE NVA FEE (\$) 137 CFR 1 16(N. 11. or (m)) 150.00 N/A . NIA 300.00 **EXAMINATION FEE** N/A NA (37 CFR 1 16(4). (p). or (q)) \$250 NA NIA TOTAL CLAIMS \$500 N/A NA (37.CFR 1 16(4)) \$100 NA minus 20 . INDEPENDENT CLAIMS. \$200 X\$ 25 (37 CFR 1 16(N)) X\$50 CA a Caunim X100 If the specification and drawings exceed 100 APPLICATION SIZE X200 sheets of paper, the application size fee due FEE . (37 CFR | 16(4)) is \$250 (\$126 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT D7 CFR | 16(1) +180= \* If the difference in column 1 is less than zero, enter '0' kn column 2. 4360m TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3): CLAIMS SMALL ENTITY OR OTHER THAN HIGHEST REMAINING SMALL ENTITY 16/05 NUMBER AFTER PRESENT PREVIOUSLY AMENDMENT RATE (\$) IENDMEN EXTRA ADDI-PAID FOR Total RATE(\$) TIONAL DI CER LIGIN ADDI: Minus 20 FEE (1) MONAL Independent D7 CFR 1.16(N) X\$ 25 FEE (1) Minus X\$50 Q OR Application Size Fee (37 CFR 1.16(s)) X100 X200 ÓΒ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (1)7 CFR 1,16(1) +180= +360= OR TOTAL ADD'L FEE TOTAL (Column 1) OR ADD'L FEE (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER AFTER. AMENDMENT PRESENT RATE (\$) PREVIOUSLY EXTRA ADDI-Total profesion PAID FOR RATE (\$) TIONAL ADOI. Minus 20 FEE (\$) TIONAL = Independent . (37 CER 1.18/1) X\$ 25 FEE (\$) Minus -2 X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) OR +180= +360= OR \* If the entry in column 1 is less than the entry in column 2, write " in column 3. TOTAL If the entry in column 1 is less than the entry in column 2, write T in column 3.

If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.

The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. TOTAL ADD'L FEE

s collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the B collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to places) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete. buding gallering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of line you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 11 c. December 12 c. December 12 c. December 12 c. December 12 c. December 13 c. December 14 c. December 15 c. December 15 c. December 16 c. Decem The amount of living you require to complete linis form and/or suggestions for reducing this purcent, should be sent to the Chiler innormation Officer, U.S. Patent Amount of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS